## **NBD PROPOSAL FORM**

## FOR NEIGHBORHOOD BUSINESS DISTRICT SUPPORT FUND

(For assistance in completing proposal, call 513-352-6146)

SEND PROPOSAL TO: City of Cincinnati – Department of Community Development 805 Central Avenue, Suite 700, Cincinnati, OH 45202-1947

| PLEASE PRINT IN INK OR TYPE  Check One: New Contract for Year       |                      | Amo   | Amount Requested: ———— |                           |                      |  |
|---|----------------------|---|------------------------|---------------------------|----------------------|--|
|   |                      | Amendment for Contract No.  |                        |                           |                      |  |
| Business District:  |                      |   |                        |                           |                      |  |
| Project Manager:  |                      |   |                        |                           |                      |  |
| Address:  |                      | Zip Co  | _ Zip Code             |                           |                      |  |
| Phone: Day:   | Evenin               | Evening:  |                        |                           |                      |  |
| President's/Chairperson's   | Signature:           |   |                        |                           |                      |  |
| Have you included the following<br>Proposals will not be considered |                      |   |                        |                           |                      |  |
| Current Artic Current By-L Meeting Min                              | neets                | Job Descriptions for Employees  Organizational Plan for Employees |                        |                           |                      |  |
| What was the vote on this NBD                                       | Proposal at the dec  | cision-making   | meeting? Meeting       | Date:                     |                      |  |
| Number of Yeas  | Number of Na         | iys 1   | otal Attenuance        | Quorum: res_              | 110                  |  |
| evaluate success. Also be sure to PROJECTS                          | Renewal<br>Yes or No | volunteer  Hrs. Est.  | Start & End Dates      | Eific expenses for Budget | Amendment Adjustment |  |
|   |                      | 1115. ESt.  | Dates                  | Duuget                    | Aujustinent          |  |
| 1   |                      |   |                        |                           |                      |  |
| 2.  |                      |   |                        |                           |                      |  |
| 3   |                      |   |                        |                           |                      |  |
| 4   |                      |   |                        |                           |                      |  |
| 5   |                      |   |                        |                           |                      |  |
| 6   |                      |   |                        |                           |                      |  |
| 7   |                      |   |                        |                           |                      |  |
| 8   |                      |   |                        |                           |                      |  |
| 9   |                      |   |                        |                           |                      |  |
| 10  |                      |   |                        |                           |                      |  |
| ТОТАІ   |                      |   |                        |                           |                      |  |